

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213534010					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ARLINGTON STREET PEOPLE'S ASSISTANCE NETWORK, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANDY KEYES 6543 N. 36TH STREET ARLINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: 03949716</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2708 B SOUTH NELSON ST</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22206</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANDY KEYES TITLE: PRESIDENT ADDRESS: 6543 N. 36TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22213 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ANDY KEYES TITLE: PRESIDENT ADDRESS: 6543 N. 36TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22213	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TOM LECKEY TITLE: TREASURER ADDRESS: 15 SOUTH PARK DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22204 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TOM LECKEY TITLE: TREASURER ADDRESS: 15 SOUTH PARK DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Ann Felker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 N. Irving Street		
CITY/ST/ZIP/CO:	Arlington, VA 22201		
NAME:	Katherine Gekker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3625 10th Street, North		
CITY/ST/ZIP/CO:	Apt. 804 Arlington, VA 22201		
NAME:	Todd Ihrig	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2439 N. Rockingham Street		
CITY/ST/ZIP/CO:	Arlington, VA 22207		
NAME:	Krysta Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 8th Road South		
CITY/ST/ZIP/CO:	Apt. 314 Arlington, VA 22204		
NAME:	Paul Larson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6136 North 12th Road		
CITY/ST/ZIP/CO:	Arlington, VA 22205		
NAME:	Tad Lunger	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4501 N. 37th Street		
CITY/ST/ZIP/CO:	Arlington, VA 22207		
NAME:	Kate Marty	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1020 N. Stafford Street		
CITY/ST/ZIP/CO:	Unit 403 Arlington, VA 22201		
NAME:	Lisa Scala	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1581 Spring Gate Drive		
CITY/ST/ZIP/CO:	#5407 McLean, VA 22102		
NAME:	Kelly Shooshan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1021 N. Garfield Street		
CITY/ST/ZIP/CO:	Arlington, VA 22201		
NAME:	Tim Ward	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4116 Washington Boulevard		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jim Whittaker DIRECTOR 4935 Eskridge Terrace, NW Washington, DC 20016	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ANDY KEYES <hr/> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANDY KEYES, PRESIDENT <hr/> PRINTED NAME AND CORPORATE TITLE	7/23/2013 <hr/> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		